

ITEAMS TB Ordering Guidelines



TEXAS
Health and Human
Services

Texas Department of State
Health Services



- ITEAMS is a continuing cycle. You cannot perform one function without completing the other transactions.
 - **Place Orders** (Packet Order/Bulk Order tabs)
 - **Receive Orders** (Receiving Tab)
 - Bulk orders* will add items to your inventory
 - Packet Orders* are just acknowledged that the shipment was delivered, packet will not be added to your inventory. (Packet Orders are not included in ITEAMS inventory)
 - **Record Usage** (excluding STD program)
 - a. Doses Administered (product given at your facility)
 - b. Transfer Orders (product transferred to another facility)
 - c. Wasted/Expired (items unusable)
 - **Reconcile Inventory (MUST BE DONE EVERY 30 DAYS)**
 - TB, and Zoo (Provider C-33)
 - STD, HD, IDC and SYR (Current Inventory)
- PPD (Tubersol or Aplisol) and PASER.
 - Cold items ship only on Mondays, Tuesdays or Wednesdays.
 - If an order comes in late Wednesday after 3pm, it will ship the following week
 - If you need an emergency shipment outside of these times, contact the Pharmacy Branch
- When submitting orders, include your full **First and Last Name**. If there are questions on an order, it will be easier to find the person that submitted it.
- Contact the Pharmacy Branch immediately once you determine a mistake has been made. Pharmacy is quick on processing orders.
(512) 776-7500 or ITEAMS.PharmacyHelpdesk@dshs.texas.gov
- **Do Not** use other employee's ITEAMS login information. Each user must have their own logins. A "New User" form will need to be completed and submitted to the appropriate Program Approver to obtain login access. Please use the same form to delete a user when no longer employed or utilizing ITEAMS.

ITEAMS TB Ordering Guidelines

DOT packets are ordered under the “**Packet Order**” screen.

- 1) Patient ID box: (Patient ID is required for Zyvox, Moxi, Levo)
 - if new patient, click on the box next to “Generate Patient ID”
 - if existing patient input Patient ID# in both boxes
 - you are not required to use a Patient ID#, but if you desire to use one for patient record keeping purposes, click on “generate Patient ID”.
 - Please keep track of this number to use on all subsequent orders.
- 2) Number of Packets = total number of packets you are requesting 30, 60 etc.
- 3) To add more drug line items, click on the paper with yellow star icon
- 4) Pills Per Packet = amount of pills of drug item per one packet
- 5) Click boxes to verify address and hours of operations are correct
- 6) When you add your name, please put your full first/last name, that way if we have questions on your order, you are easily found

☐ **Generate Patient ID**

Confirm Patient ID

Number of Packets

PACKET ORDER DETAIL

	Item ID - Description	Pills Per Packet	Total no. of pills
✗	61748001860TB - RIFAMPIN CAP 300MG 60 ▼	<input style="width: 40px;" type="text" value="2"/>	60
✗	00555007105TB - ISONIAZID TAB 300MG 1000CT ▼	<input style="width: 40px;" type="text" value="2"/>	60
✗	61748001205TB - PYRAZINAMIDE TAB 500MG 500 ▼	<input style="width: 40px;" type="text" value="4"/>	120
✗	54879000201TB - ETHAMBUTOL TAB 400MG 100 ▼	<input style="width: 40px;" type="text" value="4"/>	120
✗	00536440810TB - PYRIDOXINE TAB 50MG 1000 ▼	<input style="width: 40px;" type="text" value="1"/>	30
		13	390

☒ **I have verified the address is correct.**

☒ **I have verified the hours of operations are correct.**

Submitted By x

ITEAMS TB Ordering Guidelines

If you immediately realize that you have made an error, there is a chance you can correct it. From Packet Order, click on Filter, Enter Order# in box, click Go. The order will show up, click on the line order and ITEAMS will take you to the ordering screen. If the order is editable you can edit. If it is grayed out, you will have to call the pharmacy. You can add, delete or change a drug line item.

Filter **Add**

SEARCH

Patient ID Order **Go**

1 of 1 1 Items 10 /Page **Go**

Order	Patient ID	Date	Site	Site Name
619994-00		12/7/2016	00-000000000	Pharmacy Testing Site

Select

Ex: Order not editable, call the Pharmacy Branch. ASAP!

☐ **Generate Patient ID** 123645 **Confirm Patient ID**

Number of Packets 30

PACKET ORDER DETAIL

Item ID - Description	Pills Per Packet	Total no. of pills
00536440810TB - PYRIDOXINE TAB 50MG 1000	1	30
54879000201TB - ETHAMBUTOL TAB 400MG 100	4	120
61748001205TB - PYRAZINAMIDE TAB 500MG 500	4	120
00555007105TB - ISONIAZID TAB 300MG 1000CT	2	60
61748001860TB - RIFAMPIN CAP 300MG 60	2	60
	13	390

ITEAMS TB Ordering Guidelines

When requesting items under “**Bulk Order**”, quantities entered in the Pharmacy Ship Quantity (each) box should be in eaches. Example:

40btl's INH 300/30 = 1200 2btl's PZA 500/60 = 120 5btl's Rif 300/30 = 150

18vials PPD 10test = 18 8btl's INH Syrup = 8 8bxs Syringe 27X½ = 800

38btl's INH 100/100 = 3800 5vials Amikacin = 5 2bx Cycloserine = 60

5bx EPT Preg Test (3ct) = 5 10btl's Eth 400/100 = 1000 2bx Priftin = 64

BULK ORDER DETAIL									
Item ID	Item Description	Unit Qty	UOM	Original Quantity Requested	Suggested Quantity	Pharmacy Ship Quantity (each)	Quantity Units Ordered	Special Instructions	Comment
65862053820TB	LEVOFLOXACIN TAB 750MG 20	20	Tab	0.0	0	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
65862053750TB	LEVOFLOXACIN TAB 500MG 50	50	Tab	0.0	0	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
65862053650TB	LEVOFLOXACIN TAB 250MG 50	50	TAB	0.0	0	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>
65862042001TB	SULFAMETHOXAZOLE/TR 800 100	100	TAB	0.0	0	<input type="text"/>	0.00	<input type="text"/>	<input type="text"/>

Special Instructions box: You can elaborate specifically what you are requesting per line item.

☒ I have verified the address is correct.

☒ I have verified the hours of operations are correct.

 Submitted By

If you immediately realize that you have made an error, there is a chance you can correct it. From Bulk Order, click on Filter, Enter Order# in box, click Go. The order will show up, click on the line order and ITEAMS will take you to the ordering screen. If the order is editable you can edit. If it is grayed out, you will have to call the pharmacy. With a Bulk Order, you can only change the quantity of a dug line item. You cannot add a drug or delete it. You will have to call the pharmacy.

ITEAMS TB Ordering Guidelines

RECONCILIATION

Reconcile inventory at least every 30-days. ITEAMS will keep track of the last reconcile date and will direct you to reconcile if you are over the 30-day time frame and attempting to place a Bulk Order. Prior to reconciling, all other transactions (Receiving, Doses Administered, Transfer Orders, Wasted/Expired) must be completed before entering the physical counts on the C-33 form.

Conduct an inventory of your drugs. Print the Tally Sheet under the Inventory Tab. Follow the items according to the list and check it against your physical inventory on your shelf. Any items that are on your shelf will need to be added into inventory by using the “Add Line” button on the receiving tab.

Tally Sheet

Date: ____/____/____		Site: TB / 00-000000000			
Item ID	Description	Lot	Expiration	Physical Count	Comment
00703904003TB	AMIKACIN VL 1GM 4ML/10	65401	6/30/2020		
13845120202TB	CYCLOSERINE CAP 250MG 30 BLIST	15c0002p	1/31/2020		
54879000201TB	ETHAMBUTOL TAB 400MG 100	5151060	6/30/2020		
61748001401TB	ETHAMBUTOL TAB 400MG 100	5160192	12/31/2020		
00395266116TB	HUM SIMPLE SYRUP N.F. 16OZ	a12297	10/31/2020		
00185435101TB	ISONIAZID TAB 100MG 100	34018658b	2/28/2020		
00185435030TB	ISONIAZID TAB 300MG 30	34018659a	2/28/2020		
49938010704TB	PASER 30 UNIT DOSE PACKET	16859	10/31/2020		
00088210032TB	PRIFTIN TAB 150MG 32	a5026	6/30/2020		
00536440601TB	PYRIDOXINE TAB 25MG 100	45409	4/30/2020		
00536440801TB	PYRIDOXINE TAB 50MG 100	46479	9/30/2020		
61748001530TB	RIFAMPIN CAP 150MG 30	3129339	11/30/2020		
61748001860TB	RIFAMPIN CAP 300MG 60	3134652	5/31/2020		
00000010131TB	SYRINGE 27GX1/2 100	g150906	8/31/2020		
00000010131TB	SYRINGE 27GX1/2 100	g150902	8/31/2020		
49281075222TB	TUBERSOL 5TU-50 TEST VIAL	c4585aa	11/30/2020		
49281075221TB	TUBERSOL VIAL 5TU-10 TEST 1ML	c4582aa	11/4/2020		
00000024728TB	X-RAY ENVELOPES				

Once Transactions are completed, the Physical Count column on the C-33 form should match the on hand counts of drugs on your shelves.

ITEAMS TB Ordering Guidelines

Provider C-33

NEVER LEAVE THE PHYSICAL COUNT BOXES BLANK, once saving it ITEAMS will record it as Zero and delete the line item from your inventory. If for whatever reason the Physical Count is different from the Automated Total Amount, this amount is the difference of both totals and is considered as an Adjustment. You will then need to select a Reason for Adjustment from the drop down list. Then enter your full name and click on save.

Inventory Reconciliation

1. This page shows all activity since the last time you reconciled your inventory. Note the "Last Ran" date.
2. Complete all other transactions (Receiving, Transfers, Wasted/Expired, Doses Administered up to today) before entering your Physical Count.
3. In the Physical Count column, enter the number on-hand for each Item ID and lot.
4. If your physical count does not match the Automated Total Doses quantity, make sure that all orders have been received and all items that were distributed, transferred, wasted, or expired have been recorded. Return to and update those pages as needed.
5. If, after careful review, there is still a discrepancy between your on-hand count and the system count, enter the reason for the adjustment using the drop-down menu. The need for this should be minimal.
6. When all lines match or have been reconciled, enter your name and hit save at the bottom.

Effective immediately! When a user clicks SAVE on their Inventory: Provider C-33 screen all Items/lots with a zero balance will be removed! However, there are risks with this implementation. For example, if you do not follow the steps in the correct order in the web portal, you can delete items you need to record doses, complete transfers, or record wasted/expired. It is critical the user conduct the steps in the web portal exactly as outlined.

Last Ran 05/31/2017 15:39:22									
Item Description	Item ID	Lot	Expiration	Expiration Alert	Automated Total Amount	Physical Count	Math Error	Adjustment	Reason for Adjustment
AMIKACIN VL 1GM 4ML/10	25021017304TB	l2cc1	04/30/2018		16	16	0	0	
APLISOL VIAL 1ML/10 TEST	42023010401TB	802078	05/31/2018		24	10	-14	14	Accounting Problem-Cause Unknown
CYCLOSERINE CAP 250MG 30 BLIST	13845120202TB	16a0001p	11/30/2018		60	60	0	0	

SUMMARY OF RECONCILIATION

Step 1: Complete Appropriate transactions.

Receiving, Transfers, Wasted/Expired, Doses Administered

Step 2: Print out the Talley Sheet and inventory drugs on shelves

Step 3: Input Physical Counts onto Provider C-33 form

ITEAMS TB Ordering Guidelines

Doses Administered

Doses Administered are meds given to patients at your facility. You can record it daily, weekly, monthly. You will have to keep a tally of what has been given out. Upon recording, ITEAMS will deduct the amounts from inventory. Enter amounts in Units Distributed box in eaches, select a comment from the drop down list, enter full name in Entered By box, click save. This also will deduct from inventory.

UNITS DISTRIBUTED DATA ENTRY

1. Pay close attention to the Date Range on this screen.
2. Record your Units Distributed under the Quantity column.
3. Enter your name and click Save at the bottom.

Units Distributed for date range below:

From Date: 06/01/2017 To Date: 06/07/2017

Description	Item ID	Lot	Expiration	Units Distributed	Comment	E
AMIKACIN VL 1GM 4ML/10	00703904003TB	65401	6/30/2020	<input type="text"/>	<input type="text"/>	
CYCLOSERINE CAP 250MG 30 BLIST	13845120202TB	15c0002p	1/31/2020	<input type="text"/>	<input type="text"/>	
ETHAMBUTOL TAB 400MG 100	54879000201TB	5151060	6/30/2020	<input type="text"/>	<input type="text"/>	
ETHAMBUTOL TAB 400MG 100	61748001401TB	5160192	12/31/2020	<input type="text"/>	<input type="text"/>	
HUM SIMPLE SYRUP N.F. 16OZ	00395266116TB	a12297	10/31/2020	<input type="text"/>	<input type="text"/>	
ISONIAZID TAB 100MG 100	00185435101TB	34018658b	2/28/2020	<input type="text"/>	<input type="text"/>	
ISONIAZID TAB 300MG 30	00185435030TB	34018659a	2/28/2020	<input type="text"/>	<input type="text"/>	
PASER 30 UNIT DOSE PACKET	49938010704TB	16859	10/31/2020	<input type="text"/>	<input type="text"/>	
PRIFTIN TAB 150MG 32	00088210032TB	a5026	6/30/2020	<input type="text"/>	<input type="text"/>	
PYRIDOXINE TAB 25MG 100	00536440601TB	45409	4/30/2020	<input type="text"/>	<input type="text"/>	
PYRIDOXINE TAB 50MG 100	00536440801TB	46479	9/30/2020	<input type="text"/>	<input type="text"/>	
RIFAMPIN CAP 150MG 30	61748001530TB	3129339	11/30/2020	<input type="text"/>	<input type="text"/>	
RIFAMPIN CAP 300MG 60	61748001860TB	3134652	5/31/2020	<input type="text"/>	<input type="text"/>	
SYRINGE 27GX1/2 100	00000010131TB	g150902	8/31/2020	<input type="text"/>	<input type="text"/>	
SYRINGE 27GX1/2 100	00000010131TB	g150906	8/31/2020	<input type="text"/>	<input type="text"/>	
TUBERSOL 5TU-50 TEST VIAL	49281075222TB	c4585aa	11/30/2020	<input type="text"/>	<input type="text"/>	
TUBERSOL VIAL 5TU-10 TEST 1ML	49281075221TB	c4582aa	11/4/2020	<input type="text"/>	<input type="text"/>	
X-RAY ENVELOPES	00000024728TB			<input type="text"/>	<input type="text"/>	

Entered by:

[Save](#)

ITEAMS TB Ordering Guidelines

Transfer Order

Transfer order is when meds are transferred to another facility. You will need to know the facility's Location Code/ID. Enter it in Location ID box, click go. ITEAMS will populate your site's inventory. Input Units to Transfer (eaches) and select a Reason for Transfer from the drop down list. Comment in box if needed, Type in full name in Transferred By box, click save. This will generate an order# and will appear at the other site to Receive in ITEAMS.

Why Transfer? Ex: if your facility has too much of a particular medication or a soon-to-expire medication and you would like to transfer to another site in your region who can use these medications. Make sure to communicate with the facility to ensure they are aware of the transfer and is transferred properly.

Transferring Vaccine To1
Location ID:

Provider Name: DSHS - Main Campus **Phone:** 5125673785 **Order Number:** 670852 **Order Date:** 06/21/2017
Address: T-607 **Contact:** Susan
Austin TX 78756

Item Number	Description	Lot	Expiration	Quantity on Hand	Units to Transfer	Reason For Transfer
00000010131TB	SYRINGE 27GX1/2 100	g150902	8/31/2020	5000	<input type="text" value="0"/>	** Please Select **
00000010131TB	SYRINGE 27GX1/2 100	g150906	8/31/2020	5000	<input type="text" value="0"/>	** Please Select **
00000024728TB	X-RAY ENVELOPES			4995	<input type="text" value="0"/>	** Please Select **
00088210032TB	PRIFTIN TAB 150MG 32	a5026	6/30/2020	5000	<input type="text" value="0"/>	** Please Select **
00185435030TB	ISONIAZID TAB 300MG 30	34018659a	2/28/2020	5000	<input type="text" value="0"/>	** Please Select **
00185435101TB	ISONIAZID TAB 100MG 100	34018658b	2/28/2020	5000	<input type="text" value="0"/>	** Please Select **
00395266116TB	HUM SIMPLE SYRUP N.F. 16OZ	a12297	10/31/2020	5000	<input type="text" value="0"/>	** Please Select **
00536440601TB	PYRIDOXINE TAB 25MG 100	45409	4/30/2020	5000	<input type="text" value="0"/>	** Please Select **
00536440801TB	PYRIDOXINE TAB 50MG 100	46479	9/30/2020	5000	<input type="text" value="0"/>	** Please Select **
00703904003TB	AMIKACIN VL 1GM 4ML/10	65401	6/30/2020	4970	<input type="text" value="0"/>	** Please Select **
13845120202TB	CYCLOSERINE CAP 250MG 30 BLIST	15c0002p	1/31/2020	5000	<input type="text" value="0"/>	** Please Select **
49281075221TB	TUBERSOL VIAL 5TU-10 TEST 1ML	c4582aa	11/4/2020	5000	<input type="text" value="0"/>	** Please Select **
49281075222TB	TUBERSOL 5TU-50 TEST VIAL	c4585aa	11/30/2020	5000	<input type="text" value="0"/>	** Please Select **
49938010704TB	PASER 30 UNIT DOSE PACKET	16859	10/31/2020	4970	<input type="text" value="0"/>	** Please Select **
54879000201TB	ETHAMBUTOL TAB 400MG 100	5151060	6/30/2020	5000	<input type="text" value="0"/>	** Please Select **
61748001401TB	ETHAMBUTOL TAB 400MG 100	5160192	12/31/2020	4600	<input type="text" value="0"/>	** Please Select **
61748001530TB	RIFAMPIN CAP 150MG 30	3129339	11/30/2020	5000	<input type="text" value="0"/>	** Please Select **
61748001860TB	RIFAMPIN CAP 300MG 60	3134652	5/31/2020	4940	<input type="text" value="0"/>	** Please Select **

Comment:

Transferred By:

Click ONCE on the Save button.

ITEAMS TB Ordering Guidelines

Wasted/Expired

Wasted/Expired is to record items that have been wasted or expired. Input the amount in the Doses box, select a reason from the drop down list, provide an explanation of loss and a prevent future losses explanation, Check the box, add your full name in the Approved By box.

Wasted and Expired Items

Every item must be accounted for.

1. From the items in your inventory, enter the number of items that were wasted or expired for each lot. Use the drop down to select the reason for the loss.
2. In the comment boxes, enter a thorough explanation of the loss and the steps that were taken to ensure that this does not happen again.
3. Check any applicable boxes for the training that was conducted in order to prevent further loss. At least one check box must be checked.
4. Enter your name and click Save.
5. If you are using the form as a packing slip, please mark through any items that you are *not* shipping back in that package.

[Historical Transactions](#)

Note: Because every item is now recorded, there may be cases that do not require extensive explanation and additional training (e.g. damaged vial, broken needle, etc.).

Item Number	Description	Lot	Expiration	UOM	Quantity	Doses	Reason
00000010131TB	SYRINGE 27GX1/2 100	g150902	8/31/2020	SYR	5000	0	** Please Select **
00000010131TB	SYRINGE 27GX1/2 100	g150906	8/31/2020	SYR	5000	0	** Please Select **
00000024728TB	X-RAY ENVELOPES			EA	4995	0	** Please Select **
00088210032TB	PRIFTIN TAB 150MG 32	a5026	6/30/2020	TAB	5000	0	** Please Select **
00185435030TB	ISONIAZID TAB 300MG 30	34018659a	2/28/2020	Tab	5000	0	** Please Select **
00185435101TB	ISONIAZID TAB 100MG 100	34018658b	2/28/2020	Tab	5000	0	** Please Select **
00395266116TB	HUM SIMPLE SYRUP N.F. 16OZ	a12297	10/31/2020	BOT	5000	0	** Please Select **
00536440601TB	PYRIDOXINE TAB 25MG 100	45409	4/30/2020	Tab	5000	0	** Please Select **
00536440801TB	PYRIDOXINE TAB 50MG 100	46479	9/30/2020	Tab	5000	0	** Please Select **
00703904003TB	AMIKACIN VL 1GM 4ML/10	65401	6/30/2020	Vial	4970	0	** Please Select **
13845120202TB	CYCLOSERINE CAP 250MG 30 BLIST	15c0002p	1/31/2020	EA	5000	0	** Please Select **
49281075221TB	TUBERSOL VIAL 5TU-10 TEST 1ML	c4582aa	11/4/2020	Vial	5000	0	** Please Select **
49281075222TB	TUBERSOL 5TU-50 TEST VIAL	c4585aa	11/30/2020	VIAL	5000	0	** Please Select **
49938010704TB	PASER 30 UNIT DOSE PACKET	16859	10/31/2020	Pkt	4970	0	** Please Select **
54879000201TB	ETHAMBUTOL TAB 400MG 100	5151060	6/30/2020	TAB	5000	0	** Please Select **
61748001401TB	ETHAMBUTOL TAB 400MG 100	5160192	12/31/2020	Tab	4600	0	** Please Select **
61748001530TB	RIFAMPIN CAP 150MG 30	3129339	11/30/2020	Cap	5000	0	** Please Select **
61748001860TB	RIFAMPIN CAP 300MG 60	3134652	5/31/2020	Cap	4940	0	** Please Select **

Explanation Of Loss

Prevent Future Losses

Check All That Apply

☐ See explanation in the "Prevent Future Losses" box.

Approved By

Save

ITEAMS TB Ordering Guidelines

Receiving

Bulk orders will add items to your inventory.

Packet Orders are just acknowledged that the shipment was delivered, items will not add to your inventory.

Receiving Tab, select an order# from the drop down list. Verify all information is correct (Item, Lot#, Exp Date, Quantity).

Type in Full Name in Received By box, click save.

Note: when selecting the order# from the drop down list, DO NOT click on the GO button as well. There is a glitch that when both are clicked, ITEAMS will populate an error message: Please contact your support person with the following message; Invalid key value.

Accept	Item Description	Item ID	Requested Quantity	Ship Date	Inner Qty	UOM	Lot	Expiration Date	Received Quantity	Tracking Number
<input checked="" type="checkbox"/>	SYRINGE 27GX1/2 100	00000010131TB	0.00	4/16/2014	100	SYR	G130307	2/28/2018	100	C000176913
<input checked="" type="checkbox"/>	TUBERSOL VIAL 5TU-10 TEST 1ML	49281075221TB	0.00	4/16/2014	1	Vial	C4287AA	12/17/2015	30	C000176913

To check the status of an Order, click on the Tracking Number link (far right corner). ITEAMS will direct you to the LSO (Lone Star Overnight) website and will give you details of the shipping status.

To manually add items into your inventory, use the “Add Line” button. Select the NDC/Item ID from the drop down list. Enter Lot#, Exp Date, Quantity in eaches, and enter Full Name in Received by box. This will add the items to your inventory.

Item ID: **** Please Select ****

Lot:

Expiration Date:

Quantity:

Received By:

ITEAMS TB Ordering Guidelines

TB Program Item Description	PHARM SHIP QTY	PLACE ORDER TAB
AMIKACIN VL 1GM 4ML/10	VIALS	Bulk Order
APLISOL VIAL 1ML/10 TEST	VIALS	Bulk Order
APLISOL VIAL 5ML/50 TEST	VIALS	Bulk Order
AVELOX I.V. 250 ML CS/12	Each Bag	Bulk Order
AVELOX TAB 400MG 30	<i>PACKET ONLY</i>	<i>Packet Order include Patient ID#</i>
AZITHROMYCIN 250MG 30	<i>PACKET ONLY</i>	<i>Packet Order</i>
AZITHROMYCIN OS 200MG/5ML 30ML	BOTTLE	Bulk Order
CAPASTAT SULF VIAL 1GM 10ML	VIALS	Bulk Order
CLARITHROMYCIN TAB 500MG 60	total PILLS	Packet/Bulk
CYCLOSERINE CAP 250MG 30 BLIST	total PILLS	Bulk Order
ETHAMBUTOL TAB 100MG 100	total PILLS	Packet/Bulk
ETHAMBUTOL TAB 400MG 100	total PILLS	Packet/Bulk
FIRST RESPONSE 1 STEP DOUBLE	Each Box	Bulk Order (box contains 3 tests)
HUM CHERRY SYRUP 16 OZ	BOTTLE	Bulk Order
HUM SIMPLE SYRUP N.F. 16OZ	BOTTLE	Bulk Order
ISONIAZID SYRP 50MG/5ML 16OZ	BOTTLE	Bulk Order
ISONIAZID TAB 100MG 100	total PILLS	Packet/Bulk
ISONIAZID TAB 300MG 100CT	total PILLS	Packet/Bulk
ISONIAZID TAB 300MG 30	total PILLS	Packet/Bulk
LEVAQUIN ORAL SOL 25MG/ML 16OZ	BOTTLE	Bulk Order include Patient ID#
LEVOFLOXACIN O/SOL 25MG/M 100	BOTTLE	Bulk Order include Patient ID#
LEVOFLOXACIN O/SOL 25MG/M 480ML	BOTTLE	Bulk Order include Patient ID#
LEVOFLOXACIN TAB 250MG 50	<i>PACKET ONLY</i>	<i>Packet Order include Patient ID#</i>
LEVOFLOXACIN TAB 500MG 50	<i>PACKET ONLY</i>	<i>Packet Order include Patient ID#</i>
LEVOFLOXACIN TAB 750MG 20	<i>PACKET ONLY</i>	<i>Packet Order include Patient ID#</i>
MOXIFLOXACIN TAB 400MG 30	<i>PACKET ONLY</i>	<i>Packet Order include Patient ID#</i>
MYCOBUTIN CAP 150MG 100	total PILLS	Packet/Bulk
PASER 30 UNIT DOSE PACKET	Each packet	Bulk Order
PRIFTIN TAB 150MG 32	total PILLS	Bulk Order
PYRAZINAMIDE TAB 500MG 60	total PILLS	Packet/Bulk
PYRAZINAMIDE TAB 500MG 90	total PILLS	Packet/Bulk
PYRAZINAMIDE TAB 500MG 100	total PILLS	Packet/Bulk
PYRAZINAMIDE TAB 500MG 500	total PILLS	Packet/Bulk
PYRIDOXINE TAB 25MG 100	total PILLS	Packet/Bulk
PYRIDOXINE TAB 50MG 100	total PILLS	Packet/Bulk

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RIFADIN VL 600MG 25ML	VIALS	Bulk Order
RIFAMPIN CAP 150MG 30	total PILLS	Packet/Bulk
RIFAMPIN CAP 300MG 60	total PILLS	Packet/Bulk
STREPTOMYCIN SULFATE VIAL 1GM/10	VIALS	Bulk Order
SULFAMETHOXAZOLE/TR 800 100	total PILLS	Packet/Bulk
SYRINGE 27GX1/2 100	total SYRINGE	Bulk Order
TRECTOR TAB 250MG 100	total PILLS	Packet/Bulk
TUBERSOL 5TU-50 TEST VIAL	VIALS	Bulk Order
TUBERSOL VIAL 5TU-10 TEST 1ML	VIALS	Bulk Order
WATER INJ STR VL 10ML 25	VIALS	Bulk Order
X-RAY ENVELOPES	Each Envelope	Bulk Order
XYLOCAINE SDV 1% 2ML/25MPF	VIALS	Bulk Order
ZYVOX O/PDR 100MG/5ML	BOTTLE	Bulk Order include Patient ID#
ZYVOX TAB 600MG 20	<i>PACKET ONLY</i>	<i>Packet Order include Patient ID#</i>
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